UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.4
4 March 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Malawi

The Executive Director recommends that the Executive Board approve the country programme of Malawi for the period 1992-1996 in the amount of $16.5 million from general resources, subject to the availability of funds, and $40,350,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1988-1991	4
RECOMMENDED PROGRAMME COOPERATION, 1992-1996	8

List of tables

1.	Basic statistics on children and women	15
2.	Expenditure under previous cooperation period, 1988-1991	17
3.	Planned expenditure, 1992-1996	18
4.	Staffing from budget and programme funds	19

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

92-10027 3016h (E) 070492 090492

/...

THE SITUATION OF CHILDREN AND WOMEN

1. Malawi has endorsed the World Summit for Children goals for the 1990s which, in turn, highlight the disparities between the ideals as set down in the World Summit Declaration and Plan of Action and the status of children in Malawi. The national infant mortality rate (IMR) is estimated at 144 per 1,000 live births, but it varies widely from district to district. IMR is lowest in the northern district of Rumphi, while in Salima, a district in the central part of the country, it reaches its highest level. Preliminary estimates indicate that, as a result of acquired immune deficiency syndrome (AIDS), IMR could increase by 50 per cent by the year 2000. The under-five mortality rate is also very high, with a national average of 253 per 1,000 live births.

2. The maternal mortality rate (MMR) is estimated at 474 per 100,000 live births, also unacceptably high. A district-wide community study revealed that 56 per cent of these deaths occurred outside a health unit. The total fertility rate is 7.6, one of the highest in the world. Some 50 per cent of women have their first child by the age of 18 years, and only 32 per cent of women deliver at a health unit. Approximately half of pregnant women attend antenatal facilities. Modern forms of contraception are used by only 3.4 per cent of women of child-bearing-age. Of the children born alive, 20 per cent weigh less than 2.5 kilograms.

3. Malaria is the most common debilitating disease in Malawi, responsible for 39 per cent of all outpatient visits. Together with anaemia, malaria accounts for 24 per cent of under-five-year-old admissions to health institutions and 43 per cent of deaths, reflecting an increase in mortality of over 40 per cent in five years. Available health information indicates that diarrhoea is also a very serious problem for young children, with an incidence rate of 1,700 per 10,000 children under five years of age; it is accepted that the real incidence rate is much higher. There is a clear need for hygiene education so that clean water and a sanitary means of excreta disposal, presently available to 41 and 51 per cent of the population, respectively, will contribute to a decrease in diarrhoeal diseases.

4. In terms of vaccine-preventable childhood diseases, Malawi has made remarkable progress in the past three years owing to an effective and successful immunization programme. There has been a 60 per cent decrease in the neonatal tetanus mortality rate since 1983, and the incidence of measles in children under five years of age dropped by 65 per cent between 1985 and 1990. No cases of poliomyelitis were recorded in 1991. Acute respiratory infections (ARI) were responsible for 26 per cent of deaths of young children. Measles and pneumonia caused 23 per cent of deaths.

5. A major contributing cause of malnutrition (56 per cent of under-five-year-olds are stunted because of malnutrition) is widespread household food insecurity. The lack of sufficient food throughout the year affects 70 per cent of rural families, and households headed by women, which

constitute 30 per cent of rural families, exist on less than 1 hectare each. Micronutrient deficiencies are also all too common. In 1983, a study of six districts showed that 66 per cent of people examined had goitre. In a 1988 survey of one district, 22 per cent of the population were deficient in vitamin A and another 20 per cent were borderline; this district was not regarded as unusual. More recently, a main hospital-based study showed that 70 per cent of antenatal clinic attenders were anaemic.

6. The adult literacy rate in Malawi is 42 per cent, but only 31 per cent of women are literate. Approximately 50 per cent of eligible children attend primary school, and a very high proportion drop out before completion.

7. The capacity of the Government to tackle these problems is limited, since Malawi, with a per capita income of $160, is one of the poorest countries in the world. Between 1980 and 1989, the average growth rate in the economy was 2.2 per cent, while the population grew by 3.2 per cent per year. In recent years, Malawi has been beset by natural disasters (droughts, floods, cyclones and landslides). Despite this, there was an improvement in economic performance in 1990, with a growth rate of 3.7 per cent, and the Government is placing a greater priority on and a higher level of investment in education and health. However, the public sector budget will continue to depend on external concessionary assistance to carry out its programme of improving the health and educational status of the population.

8. Administratively, Malawi is divided into 24 districts in three regions. Each district, which is divided into wards, has an elected district council. The district coordinates development through the district development committee, and each village has a primary health care (PHC) action committee. There is also a very strong traditional leadership system, which is prominent at all levels of Government.

9. Malawi has been host to over 900,000 refugees from Mozambique over the past few years. This has put an inordinate strain on the country's limited infrastructure, as well as on its environment. The Government, with assistance from the international community under the leadership of the Office of the United Nations High Commissioner for Refugees (UNHCR), has been very effective in supporting this massive influx of people. However, the long-term needs of the refugees, particularly those of women and children, require additional support. As Malawi moves forward in social and economic development, it is important to assist the Government and the affected local population groups in helping the refugees to progress towards the goals for children and development as well. Already, refugee children have benefited significantly from being integrated into the successful national universal child immunization (UCI) programme and share in very high rates of coverage.

PROGRAMME COOPERATION, 1988-1991

10. Over the past four years, there have been a number of clear achievements. The national mobilization that took place to achieve UCI within two years of commencing the effort was impressive. Even more important has been the determination of the Government to maintain the gains. UNICEF support for community-based innovations to improve the situation of female-headed-households has provided valuable insights for a strategy for poverty alleviation. The World Bank, the United Nations Development Programme (UNDP) and the European Economic Community (EEC) have taken up some of the core lessons, particularly in increasing food production among the poorest and most vulnerable group of the population. The programme has provided a unique basis on which to build a broad-based community strategy to achieve the goals for children and development in the 1990s.

Maternal and child health

11. Malawi reached the UCI goal in 1989, and high levels of coverage have been sustained. In 1990, coverage for all antigens was over 80 per cent and reached 89 per cent for the third dose of the combined diphtheria/pertussis/tetanus vaccine, 82 per cent for measles vaccine, 87 per cent for the third dose of poliomyelitis vaccine and 99 per cent for the anti-tuberculosis vaccine. Vaccination against tetanus toxoid reached to 76 per cent of women of child-bearing-age. The impact of the programme is demonstrated by a two-thirds reduction in the neonatal tetanus mortality rate from 12 per 1,000 live births in 1983 to 5 per 1,000 live births in 1990, and a steady decline in the outpatient under-five-year-old measles incidence rate from 71 per 1,000 live births in 1985 to 25 per 1,000 live births in 1990.

12. Programme activities in the area of control of diarrhoeal diseases (CDD) and malaria focused on training, the procurement of oral rehydration salts (ORS) and the development and production of information, education and communication materials. To date, more than 800 primary school teachers (4 per cent of the total number of teachers in the country), 900 PHC committee members in 8.6 per cent of all villages and 600 shop owners have been trained. A guideline for teachers on the treatment and prevention of diarrhoea is available, and an operational study on diarrhoea morbidity and mortality has been undertaken. ORS supplies were previously included in the essential drug kits, but it has been decided that they should be provided separately in order to facilitate control of distribution to all levels and rapidly respond to cholera epidemics. From 1986 to 1988, the incidence of diarrhoea at sentinel sites declined by about 42 per cent, but since 1989, annual cholera epidemics, resulting from poor sanitary conditions and generalized poverty, have aggravated the situation.

13. Against an annual target of 200 community health workers (CHWs) (2 workers in each of 100 villages), over 1,000 CHWs have been trained in the principles and practices of growth monitoring. Some 600 scales per year have been supplied for the promotion of community growth monitoring. UNICEF has played a major advocacy role for the establishment of an iodation plant, now

accepted by the Government. The problems of vitamin A deficiency and anaemia has been recognized, and retinol capsules and iron tablets have been included in essential drugs kits. In addition, iron tablets have been distributed by trained traditional birth attendants (TBAs).

14. Earlier in the programme cycle, support was provided for the training of TBAs (at the rate of about 10 per district per year), refresher courses and the training of trainers/supervisors, as well as for the development and production of training materials for TBAs. The trained TBAs received TBA kits from UNICEF.

15. In addition to support for the training workshops for prescribers in all three regions, support for the printing of the essential drugs lists for central-level, district hospitals and health centres, and support for the quarterly publication of the Malawi Drug Bulletin, UNICEF supplied 700 essential drugs kits annually to all health units of the Government and Private Hospital Association of Malawi. A World Bank sector credit with Government of the Netherlands co-financing will assume responsibilities for the national drug action plan.

Community child care and support for women

16. The community child-care programme was established by the Ministry of Community Services to test new approaches to modifying traditional models of child care. The programme was implemented through three pilot projects, which have significantly raised the attention of senior policy makers, non-governmental organizations (NGOs) and communities in the pilot project areas. Government commitment to the projects is best demonstrated by the recent proposal for a national budget allocation to a programme of national coverage for child care in rural Malawi. A major outcome is the linkage between community child-care groups and complementary child health services, including growth promotion, immunization and supplementary feeding.

Nutrition

17. Much has been accomplished in food and nutrition policy analysis and nutrition surveillance under the collaborative project with the Cornell University (United States) food and nutrition policy programme, which has provided technical advisors to key government offices. Assistance to the Food Security and Nutrition Unit of the Office of the President has resulted in the preparation of the first-ever food security and nutrition policy statement, which contains the government strategy for addressing the serious problems of food insecurity and child malnutrition. A national food and nutrition surveillance system is now in place and provides information for medium- and long-term planning. Twice a year, a Food Security and Nutrition Bulletin is released to government offices and the donor community, which provides a succinct update on major issues and developments in national food security, household food security, child nutrition and food aid. Another major accomplishment has been the formation of a food security and nutrition advisory committee.

18. Assistance was provided to the Ministry of Agriculture to develop a household food security and nutrition monitoring system, which was built upon the Ministry's existing data collection infrastructure. Information from this system has been used for local-level planning of agricultural policies and intervention programmes, and is used extensively for national policy formulation.

Area-based programme

19. The three rural projects included in the programme aimed at establishing a dynamic process for development at the community level and tackled the appropriate goals in an integrated approach. The first project, in Ntchisi district, has raised considerable interest and support from donors, including the World Bank and UNDP. Because of its achievements in reducing child mortality and morbidity, the programme was extended to two additional districts. UNICEF-assisted national sectoral programmes, namely the expanded programme on immunization (EPI) and training of TBAs, have complemented project activities. The conceptual framework of the UNICEF strategy for the improved nutrition of children and women in developing countries (E/ICEF/1990/L.6) has been used in the area-based programme as a method to determine the factors that contribute to the high mortality and morbidity of children and women in the country.

Education

20. Owing to an acute shortage of teachers, the Government of Malawi has been recruiting untrained teachers to fill the gap. By 1987, 15 per cent of the teaching force was composed of untrained teachers. In the same year, the Government and UNICEF embarked on a project to give these teachers a one-year training course in methodology to upgrade their skills. To date, some 2,100 teachers have been trained, all of whom are now working in rural areas. The programme will continue for two more years in order to train the remaining 1,000 teachers. As the coordinating international agency for Malawi's preparation for the World Conference on Education for All, UNICEF advocated meetings and seminars on education and participated in writing a country paper, which outlined the situation of education and the partners in achieving education for all, and put forward a draft plan of action and strategies for achieving the education goals. In 1991, a symposium for the private sector was held with the aim of mobilizing resources for primary education. After the conference, the country focused its approach to education in a multisectoral way, and this has resulted in a much more responsive climate for new ideas to address the serious problems facing the nation.

21. UNICEF has been supporting the national adult literacy programme, which is coordinated by the Ministry of Community Services and has already covered about 210,000 learners. With an expected enrolment of 44,000 in 1991, total coverage for the five-year period will be over 250,000 people. An improvement in the Ministry's data collection and monitoring system has enabled UNICEF to obtain more reliable information on programme coverage. UNICEF also has been instrumental in reviving donor agency coordination in education. A group

meets once a month, with UNICEF and UNDP as coordinators, and uses the forum to share ideas and experiences, leading to a coordinated approach in programming.

Water supply and environmental sanitation

22. UNICEF activities in this sector have diversified and included trials of different technologies. In 1988, a project on rainwater catchment was tried in three areas. The shallow wells project, serving 10,000 people in Ntchisi, was assisted with tools, equipment and hand-pumps. Forty wells were equipped with the locally manufactured Afridev direct action hand-pump. These hand-pumps are designed for village-based maintenance and their development was also assisted by UNICEF. In 1990, 70 pump caretakers were trained and an additional 10 will be trained by the end of 1991. An additional 30 wells will be equipped with hand-pumps and 70 more caretakers will be trained. The 80 caretakers in the Nsanje district's water supply, sanitation and hygiene education project will service 40 boreholes that were rehabilitated in 1989-1990 with supplementary funding from the Australian and Japanese National Committees for UNICEF to serve 10,000 people. Training of these caretakers will have been completed by the end of 1991. Funds for this project have been received from the Australian International Development Assistance Bureau as part of the Robert Nestdale Memorial Fund. Sanitation and hygiene education activities through the Ministry of Local Government were concentrated in the three area-based programme districts.

Social mobilization

23. Social mobilization was introduced as an integral component of EPI in 1988 in order to contribute to the acceleration of immunization activities for the achievement of UCI, which was reached one year in advance of the target year. The social mobilization approach contributed to this achievement by raising the awareness of families and communities and by motivating parents to immunize their children. In 1990, social mobilization became a component of all projects of the country programme and was fully integrated into the health education system of the Ministry of Health and the programmes of other agencies and NGOs. Social mobilization has been also utilized for the AIDS control programme, by bringing information on AIDS prevention to the communities through village-level orientation and the use of drama groups. Regular meetings take place at regional and district levels to sensitize religious leaders and NGOs on priority issues. Recently the NGO network has been utilized to raise awareness and initiate action on the preparation of the national programme of action for the implementation of goals for children and development in the 1990s.

Research for advocacy

24. The Centre for Social Research, which is largely funded by UNICEF, has been the main body responsible for generating information on women and children over the past 10 years. Through publications and workshops, the Centre disseminates information to policy planners and decision makers on

issues that are relevant to child survival and development (CSD). The Centre was crucial in providing evidence on the impact of economic structural adjustment policies to the Government and the international community. UNICEF funded two studies on the effects of structural adjustment policies on poor urban households, and another study on grain-market liberalization. In 1991, the Centre played a pivotal role in the preparation of the United Nations/Government situation analysis of poverty in Malawi, which was used to develop the five-year country programmes of UNICEF and UNDP.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $16,500,000
Supplementary funding: $40,350,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b	Total
Health	5 750	16 500	22 250
Rural area-based programme	3 350	3 750	7 100
Urban area-based programme	750	2 500	3 250
Food security and nutrition	1 950	-	1 950
Education	2 500	5 000	7 500
Water supply and environmental sanitation	-	9 000	9 000
Refugee women and children	-	3 600	3 600
Advocacy, social mobilization and monitoring	2 200	-	2 200
Total	16 500	40 350	56 850

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

National programme of action

25. The Government is currently assessing the feasibility of World Summit of Children's goals within the context of the national programme of action, and the agreed upon goals will be supported by the country programme. UNICEF will also support the Government in developing low-cost, practical policies and strategies to achieve the supporting/sectoral goals for the 1990s. As such, the general objectives of the country programme should be seen in the context of the decade, rather than only one programme cycle.

26. In the previous programme, the support provided for women was directed towards women's health (tetanus toxoid vaccination and antenatal care) and women's roles: as farmers (agricultural credit); as drawers of water; as participants in development (adult literacy and girl child education); as environmentalists (sanitation and tree planting); and as mothers (child health and improved child care). The programme objective of expanding the income of women, especially through innovations in agricultural training and credit, was particularly effective in the last period of cooperation. The central theme of the new country programme will be to improve the position of women in all programmes and projects. The entire country programme will be evaluated on this basis.

Rural area-based programme

27. This programme will continue to develop approaches to the implementation of the goals for the 1990s in targeted districts in order to assist the Government in the long term to expand to the national level. The area-based programmes will become the main loci for testing strategies to achieve the goals for the 1990s under the basic principles of participation, income expansion and cost-sharing. Strategies, costs and staff support will be carefully monitored to establish fully the long-term sustainability of the programme. The main areas of emphasis will be health; child care; growth promotion; improved household food security; water supply, sanitation and hygiene education; improved maternal health; increased access to primary education and adult literacy; control of micronutrient deficiencies; and support for refugee women and children.

Urban area-based programme

28. This programme will attempt to develop low-cost methods to tackle the problems of recent urbanization and its impact on women and children. The two projects in Lilongwe and Zomba will aim at reaching 15,000 people and will consist of several components. Implementation rates will be adapted to the specific conditions of the particular project areas. Growth promotion for young children and safe motherhood activities will be areas of major focus. Diarrhoea, which is partially caused by endemic cholera, will be targeted through the provision of ORS, hygiene education and safe water supply. Environmental degradation has adversely affected water supply and sanitation and a major effort will be made to improve these facilities, provide hygiene education and assist communities to improve the quality of housing. Since

demands on women to generate income while also caring for young children without the traditional support mechanisms of the rural areas are great, support will also be directed at developing systems of child care. New methods will be developed to help communities to care for the increasing numbers of orphans, particularly AIDS orphans. As in rural areas, community-based situation analyses, monitoring and programme initiatives will be facilitated through training and the use of participatory processes. There is great potential to attract support from the private sector and service organizations for urban projects.

Health

29. The programme will support the Government in the achievement of the following major objectives: (a) to reduce MMR by 25 per cent; (b) to reduce moderate and severe malnutrition among children under five years of age by one fourth; (c) to eradicate poliomyelitis; (d) to eliminate neonatal tetanus; (e) to achieve and sustain 90 per cent immunization coverage of children under one year of age against diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis and against tetanus for women of child-bearing-age; and (f) to reduce the number of deaths caused by ARI in children under five years of age by 15 per cent compared with the 1990 level.

30. In order to achieve those objectives, the following projects will be supported. The safe motherhood and child health project will address safe motherhood through information, education and communication activities to reduce the number of births and through training to ensure that each birth is safer. Growth promotion will also be supported and assistance will be provided to improve the health information system. The use of ORS and social mobilization will help to reduce child mortality from diarrhoea. Improving management, training and education with an adequate supply of drugs and equipment will reduce mortality caused by ARI. The EPI project will aim to maintain and improve the success of EPI primarily by reducing the incidence of measles, poliomyelitis and neonatal tetanus, aiming at a 90 per cent coverage rate. The malaria project will develop new approaches using a combination of training to improve early diagnosis and treatment, provision of chemoprophylactic drugs for vulnerable groups, and use of insecticide-impregnated bed-netting. Community financing of the PHC project will aim to assist the Government in experimenting with different approaches to financing PHC at the community level, utilizing the existing infrastructure and NGOs. Large-scale support to the AIDS control project will be provided by the social mobilization programme to assist the population in avoiding the transmission of the human immune deficiency virus. Through training and the provision of supplies in conjunction with social mobilization, the micronutrient deficiencies project will address vitamin A and iodine deficiencies and anaemia.

Food security and nutrition

31. Malawi has developed a strong policy capacity in food security and nutrition, with assistance from UNICEF and Cornell University. Information systems should be further strengthened and analytical capacity improved so that decision makers will get reliable information for improved decision-making and clear policy options. The programme will be implemented through three separate but related projects. The national food security and nutrition surveillance project will direct its attention at strengthening the capacity of the Food Security and Nutrition Unit of the Department of Economic Planning and Development to use generated information for decision-making, to analyse policies and programmes from the perspective of their potential effects on household food security and to disseminate information to the Government and donor community through relevant reports and the Food Security and Nutrition Bulletin. Through the household food security and nutrition surveillance project, the Ministry of Agriculture will continue to receive support from UNICEF/Cornell University to develop an institutional capacity to implement household food security and nutrition monitoring surveys, thus implementing a simple and sustained information system throughout the country. The project will assist in ensuring that this information is used for decision-making at national and subnational levels. The food security, agriculture and nutrition research project will aim at strengthening the institutional capacity of Bunda College of Agriculture to design and carry out food security and nutrition-related research through staff training, increased manpower and the provision of equipment and field-related expenses.

Education

32. Over the next decade, the need for education presents a major challenge to the Government, which has already made some progress as a result of the World Conference on Education for All. The role of UNICEF will be very much as a facilitator and innovator with the Government. The major programme objectives will be to achieve by 1995 a net enrolment ratio in primary schools of 75 per cent and a pupil-teacher ratio of 50 to 1, as well as to reduce illiteracy among adults from 59 to 30 per cent. In addition, the programme will specifically seek to increase the literacy rate among females and enrolment of girl children in primary schools, reduce drop-out rates, make the curriculum more relevant and develop systems to reach out-of-school youths. UNICEF support will largely focus on systems development through three projects at the national level, while education at the community level will be supported through the area-based programmes. The Government is also anxious to try to develop a system of integrated village-based education within the community through the establishment of village resource centres. These centres will facilitate all aspects of community development, with a strong emphasis on education.

33. Curriculum development will be central to improved access to education for children, and upgrading the skills of currently employed but untrained teachers will be emphasized. By supporting national seminars and research, UNICEF will continue to play an important role in assisting the Government

plan for achieving universal access to primary education. As out-of-school youths have been out of the reach of the education system up to now, funds will be set aside to conduct research to establish and meet their education needs. A trial project will test ideas and develop a broad-based, integrated approach to education. Additionally, funds will be sought to develop low-cost experimental community education resource centres, which will be built with community resources and UNICEF inputs in the form of training and supplies. UNICEF will also assist in training literacy instructors and supervisors and providing refresher training for existing supervisors. Supplementary funds will be sought to expand instructor and teacher training, as well as for the development of teaching aids, paper recycling, the provision of materials and improving logistics.

Water supply and environmental sanitation

34. This programme will be based on a strategy developed by the Government, with UNDP and UNICEF support, to provide low-cost, clean water sources and latrines. The programme will integrate infrastructure development with hygiene education and will help to expand access to water through simple shallow wells. It will be concentrated in four districts where, through the use of basic community-oriented technologies, the district water supply and sanitation project will support the provision of clean water supply and sanitation for 80 per cent of the population. At the same time, these activities will be supported by the provision of hygiene education. The project will rely on social mobilization backed by strong management and training. The rural borehole project will complement the shallow well project in areas that are unsuitable for shallow wells. Through the Robert Nestdale Memorial project, funds are available up to the end of 1992, when additional funding will be required to extend the project to all four districts selected by the Government, UNDP and UNICEF.

Refugee women and children

35. In the past four years, Malawi has accepted almost 1 million refugees, including 470,000 children, from neighbouring Mozambique. With assistance from the international community, UNHCR in particular, the Government has managed a potentially disastrous situation exceptionally well. The refugee children are particularly disadvantaged because of the trauma of exile and upheaval. It is essential to give them equal opportunities to benefit from development efforts. UNICEF has supported the refugee children by incorporating their needs into the national EPI programme, and the rates of immunization among the refugees are similar to those of the national population. However, significantly more assistance is needed, and UNICEF will seek supplementary funding for these children in very difficult circumstances through two projects. The health and education project implemented through the Government and UNHCR will broaden support from basic survival to strengthening basic development. UNICEF will seek supplementary funds for EPI, CDD, malaria, primary education and adult literacy. While UNHCR and international NGOs have provided significant support for water supply and sanitation, new refugee sites must be established and new water supply and

sanitation facilities are needed. It is estimated that a significant number of refugees will remain in Malawi up to 1994, even if the security situation in Mozambique stabilizes fairly soon.

Advocacy and social mobilization

36. Over the past four years, Malawi has made major progress in developing social mobilization and social research capabilities. Research on economic and social conditions in the country has also played a major part in shaping government and donor strategies. These institutional capacities need to be expanded and further strengthened. Additionally, there is a need to develop an equally strong capacity in the Government to advocate on behalf of children with NGOs, the private sector and the international community.

37. Malawi has adopted the World Summit for Children Declaration and Plan of Action and will prepare a national programme of action to implement the goals. A project for advocacy of these goals will aim at setting up a consultative system of orientation and advocacy within the political and traditional leadership. It will be essential to disseminate widely information on the national programme of action and to organize seminars for religious groups and NGOs in order to ensure that this alliance mobilizes a broad cross-section of opinion on behalf of the survival, protection and development of children.

38. Most programmes and projects will have a strong social mobilization component, which will be funded from their respective budgets. The social mobilization project is designed to develop a national and subnational capacity for social mobilization. There is an existing strong national social mobilization structure, which was put into place for UCI, and which involves artists, intellectuals, religious groups and village drama groups. These groups will be expanded and improved to support the programme strategies.

Monitoring and evaluation

39. Sound and professional social research has been the strong foundation on which strategies have evolved in the country. The Centre for Social Research, as a highly respected partner of the Government, donor agencies and NGOs in development planning and evaluation, will play a major role in the social research project, seeking to produce reliable, up-to-date and relevant information related to the problems of mothers and children for planning, monitoring and evaluation. The project for monitoring of the goals for children will provide technical support for setting up a monitoring system, using information from all sectors, establishing a central database and producing annual reports on goals implementation.

40. The strengthening of national capacity to monitor CSD goals is central to the programme strategy agreed to between UNICEF and the Government. All projects will have built-in monitoring systems so that the Government can gauge their relative effectiveness for national policy formation. Additionally, a goal monitoring system will be established in the Government,

which will incorporate information from various ministries and donors. At the national level, support for research on household food security, child care, AIDS and economic structural adjustment will continue to be carried out primarily by the Department of Economic Planning and Development, the Centre for Social Research, the Ministry of Agriculture and Bunda College. The UNICEF office in Malawi has also developed a computerized programme information management system for monitoring budgets and inputs, now being adopted globally by UNICEF. There will be an integral link between the government system for goals monitoring and the internal UNICEF system for information management. This will greatly facilitate planning, monitoring and evaluation and will also strengthen donor coordination.

Collaboration with other agencies

41. The agreement by the Joint Consultative Group on Policy to focus on poverty was reflected in the development of a strong inter-agency collaborative process. The incorporation of CSD goals is regarded as integral to the focus on poverty. As a starting point, UNDP, the United Nations Population Fund (UNFPA) and UNICEF adopted the same programme cycle, 1992 to 1996. An inter-agency technical group was formed to develop areas of collaborative programming. The Government and the United Nations agencies' joint situation analysis will be the reference point for collaboration. The United Nations agencies involved in this exercise include the World Health Organization (WHO), UNDP, the Food and Agriculture Organization of the United Nations (FAO), UNFPA, UNICEF and the World Bank. In order to supplement this United Nations structure, sector working groups that include bilateral and multilateral donors (the United States Agency for International Development (USAID), the Overseas Development Administration (ODA) of the United Kingdom) and EEC also meet regularly. These working groups have been instrumental in forging a common understanding of situations and strategy development. The long-term achievement of the 1990s goals is outside the resource base of UNICEF alone, and the collaboration of all agencies with the Government is essential to make significant progress.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Malawi (1990 and earlier years) UNICEF country classification

Under-five mortality rate	253	(1990)	Very high U5MR
Infant mortality rate	144	(1990)	Very high IMR
GNP per capita	$ 200	(1990)	Low GNP
Total population	8755.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	243	343	404	494
Infant deaths (under 1)	(thousands)	47	58	63	71
Under-five deaths	(thousands)	83	103	111	125
Under-five mortality rate (per 1,000 live births)		343	299	276	253
Infant mortality rate (under 1) (per 1,000 live births)		194	170	157	144

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1981)	Moderate & severe	..	24a
	Severe	..	..
Babies with low birth weight (%, 1981/1987)		12	20*
% of primary school children reaching final grade (1980/1988)		28	31

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1986)		../../..	../../ 96*
Prevalence of wasting (%, 1981)		..	8
Prevalence of stunting (%, 1981)		..	61
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		104	87
Food production per capita index (Index 1979-1981=100, 1980/1990)		98	80
Household expenditure (% of total income, 1980-1985)	All food/cereals		55/28

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988-1989)			14
Access to health services	Total	..	80
(% of population, 1980/1985)	Urban/rural	../..	../..
Access to safe water	Total	41	56
(% of population, 1980/1985)	Urban/rural	77/ 37	97/ 50
Access to adequate sanitation	Total	84	..
(% of population, 1980/1985)	Urban/rural	100/ 81	../ ..
Births attended by trained personnel (%, 1980/1988)		..	45
Maternal mortality rate (per 100,000 live births, 1979/1987)		..	170

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	86	92	97
	DPT	66	55	81
	Polio	68	50	79
	Measles	65	53	80
Pregnant women (%) immunized against	Tetanus	..	38	82

/...

TABLE 1 (continued)

Malawi

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	61/ 43	72/ 55
(%, 1980/1988)	Male	74/ 48	79/ 56
	Female	49/ 39	65/ 53
Secondary enrolment ratio (gross/net)	Total	4/ ..	4/ ..
(%, 1980/1988)	Male	5/ ..	6/ ..
	Female	2/ ..	3/ ..
Adult literacy rate, 15 years & older	Total	30	..
(%, 1970/1990)	Male/female	42/ 18	../ ..
Radio/television sets			
(per 1,000 population, 1980/1988)		45/210	242/ ..

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	4518.0	6183.0	7340.0	8755.0	12458.0
Population aged 0-15 years	(Thousands)	..	2967.7	3669.5	4443.1	6349.0
Population aged 0-4 years	(Thousands)	..	1142.6	1497.4	1805.4	2438.4
Urban population (% of total)		6	9	10	12	16
Life expectancy at birth	Total	40	44	46	48	52
(years)	Male	40	43	45	47	51
	Female	41	45	47	49	53
Total fertility rate		7.3	7.6	7.6	7.6	6.8
Crude birth rate (per 1,000 population)		56	57	57	56	49
Crude death rate (per 1,000 population)		25	23	21	20	16

		About 1980	Most recent
Contraceptive prevalence rate		1	7
(%, 1977/1984)			
Population annual growth rate	Total	2.9	3.5
(%, 1965-1980/1980-1990)	Urban	7.8	6.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		3.2	-0.1
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		7	15
Population in absolute poverty	Urban/rural	25/ 85	../ ..
(%, 1980)			
Household income share	Top 20%/bottom 40%	../ ..	../ ..
(%)			
Government expenditure	Health/education	6/ 9	7/ 11
(% of total expenditure, 1980/1987)	Defence	13	7
Household expenditure	Health/education		3/ 4
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	143	394
(1980/1989)	As % of GNP	12	27
Debt service			
(% of goods & services exports, 1980/1989)		22	17

a/ Aged 6-59 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

/...

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(In thousands of United States dollars)

COUNTRY: MALAWI
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $9,150,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	2596	797	506	281	117	834	456	804	3675	2716	6391
Water supply and sanitation	158	35	50	7	5		53	111	266	153	419
Nutrition	374		134		61		836		1405		1405
Education	227		509				280		1016		1016
Community organization and development	203	82	131	162			73	135	407	379	786
Women-centred programme	70		132				113		315		315
Advocacy	84	2	37		39		222		382	2	384
Emergency	162	98		24			8		170	122	292
Planning and project support	350		22		1283		486	1	2141	1	2142
Freight	206								206		206
GRAND TOTAL	4430	1014	1521	474	1505	834	2527	1051	9981 a/	3373	13354

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to funds unfunded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: MALAWI Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	1150	1150	1150	1150	1150	5750
	FSF	606					606
	NSF	3300	3300	3300	3300	3300	16500
Rural area-based	GR	670	670	670	670	670	3350
	NSF	750	750	750	750	750	3750
Urban area-based	GR	150	150	150	150	150	750
	NSF	500	500	500	500	500	2500
Food security and nutrition	GR	390	390	390	390	390	1950
Education	GR	500	500	500	500	500	2500
	NSF	1000	1000	1000	1000	1000	5000
Water and environmental sanitation	FSF	718					718
	NSF	1440	1890	1890	1890	1890	9000
Refugee women and children	NSF	1200	1200	1200			3600
Advocacy, social mobilization and monitoring	GR	440	440	440	440	440	2200
TOTAL	GR	3300	3300	3300	3300	3300	16500
	FSF	1324					1324
	NSF	8190	8640	8640	7440	7440	40350
GRAND TOTAL		12814	11940	11940	10740	10740	58174

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MALAWI	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	3	655
Local national Professional and General Service established posts	9	294
Operating costs		671
Total	12	1620
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	3	632
Supplementary funds	1	226
Local national Professional and General Service project posts		
General resources	19	570
Supplementary funds	6	120
Total	29	1548

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.5
10 February 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Namibia

The Executive Director recommends that the Executive Board approve the country programme of Namibia for the period 1992-1996 in the amount of $5 million from general resources, subject to the availability of funds, and $24,031,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1989-1991	5
RECOMMENDED PROGRAMME COOPERATION, 1992-1996	7

List of tables

1.	Basic statistics on children and women	15
2.	Expenditure under previous cooperation period, 1989-1991	17
3.	Planned expenditure, 1992-1996	18
4.	Staffing from budget and programme funds	19

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

92-05987 2971h (E) 230392 250392

/...

THE SITUATION OF CHILDREN AND WOMEN

1. Children and women in Namibia are emerging from over 80 years of colonialism and apartheid, with a legacy of extreme disparities in wealth, incomes and access to basic services. Namibians have been deeply affected by land dispossession and forced settlement, labour migration, military conflict, cultural erosion, isolation and deprivation. Economic and psychological insecurity is intensified by the remoteness and fragmentation of households and by a harsh and fragile ecology in which family farming is continually threatened by drought.

2. The situation of children in Namibia is centrally affected by the twin inherited factors of widespread poverty and gross inequalities in access to resources. The richest 5 per cent of Namibians, mainly white, are estimated to receive 71 per cent of the total gross domestic product (GDP), with annual incomes of $14,560, and to own 74 per cent of the viable farm land. The annual income of the poorest 95 per cent is about $320 and falls below $100 for a large minority. Economic activity as a whole has suffered from the impact of war, sanctions and low investment and is concentrated in the mining, ranching and offshore fishing sectors. Meanwhile, the majority of Namibians live in the often overcrowded former "homelands" with poor land and they have very limited access to employment, training, markets and social and productive services. Many families face extreme poverty owing to the after-effects of the military occupation that ended in 1989 and include displaced and handicapped people and dependants of former soldiers. This has resulted in a high incidence of alcoholism, domestic violence and the disintegration of families, as well as a growth in the numbers of street children.

3. The poor situation of Namibian women results not only from colonialism and apartheid, but further reflects strong gender biases in society. At the local level, women's rights to land use, livestock and inheritance are insecure, while the prolonged absence of male migrant workers places heavy burdens on women in production, domestic tasks and child care. Women are de facto heads of some 42 per cent of families. At the national level, women face unequal access to vocational education, credit, information, property rights, organized markets, job opportunities and civic representation.

4. Newly independent Namibia faces special challenges in building a more equal society in which the needs of children and women will be met. Such challenges emerge from the country's particular colonial experience and include reducing the gross disparities in access to productive resources and basic services; restructuring of previously fragmented service-delivery systems; strengthening of planning and management capacity; empowering communities and the disadvantaged to participate in their own development; alleviating widespread poverty; reintegrating groups involved in the liberation war; increasing exposure to international experience; improving the weak socio-economic information base; and consolidating democratic institutions. Meanwhile, with a small and sparse population, the cost-effective achievement of service coverage goals will require

systems-building, participation and innovative approaches to facilitate communication and outreach.

5. The child survival and health situation in Namibia is not commensurate with the country's overall wealth. Rates of infant and under-five mortality, exceeding 100 and 150 per 1,000 live births, respectively, are very high for a country with a per capita gross national product (GNP) of $1,030. Results of a 1990 UNICEF survey suggest that rates of maternal mortality may reach 370 per 100,000 live births or higher.

6. The available data on low birth weights, estimated at about 15 per cent among babies born in hospitals, suggest a significant incidence of maternal malnutrition and health problems. Maternal health is at risk owing to a high fertility rate (about six children per woman), widespread early pregnancy and excessive workloads, for example, in family farming.

7. Recent surveys indicate that over 30 per cent of all children under the age of five years experience some form of malnutrition. This would probably be higher if unrecorded micronutrient deficiencies were included. Undernutrition is moderate, but becomes severe among 8 to 12 per cent of young children in rural areas in the pre-harvest malaria season. Stunting is widespread among young children, ranging from 21 to 52 per cent, and is more common among children in households headed by women. The interaction of disease with inadequate food intake is a main factor in young child deaths and malnutrition.

8. Malaria, diarrhoea, acute respiratory infections (ARI) and measles pose the greatest threats to young children in Namibia. Child and adult health are also significantly compromised by tuberculosis, polio, sexually-transmitted diseases (STDs), bilharzia, meningitis, plague and tetanus. Known cases of human immune deficiency virus (HIV) infection stand at around 1,500 and highly understate real levels.

9. Inadequate household food security is widespread and closely linked to low and uncertain incomes. Poor conditions for family farming impose heavy reliance on non-farm incomes to meet basic needs. Households headed by women and old people, and those living in marginal or peri-urban areas, are often insecure in food supplies.

10. Poor service access and quality are major underlying factors that explain the disease, death and malnutrition rates. Coverage of preventive health services, including health information, is very uneven. Until independence, basic services were provided by 11 "ethnic" administrations that were very unequally endowed and followed divergent policies. Primary health care (PHC) was neglected and a strong curative bias prevailed. Rapid advances have recently been made in immunization, with measles coverage among infants increasing from 14 to over 60 per cent since independence and effective tetanus toxoid coverage among pregnant women reaching 50 per cent. The use of maternity units for delivery is relatively high, but routine outreach remains

poor. Health education, environmental sanitation, child growth-monitoring and antenatal care are almost non-existent.

11. Primary education covers only 60 to 70 per cent of the relevant age-group, and its quality is often poor and the content inappropriate. High rates of drop-out and failure occur in the early years and only 37 per cent of entrants complete the primary cycle. Effective access to primary education is limited by poor school administration, household food shortages, lack of school capacity and distance. Some 60 per cent of adults are illiterate and the vast majority have little opportunity for skills and knowledge upgrading. Access of families and communities to safe drinking water is very low in many rural and some peri-urban areas, and household sanitation is poor outside urban centres. Access to safe water for the 75 to 80 per cent of Namibians living in rural and peri-urban areas is about 30 per cent and to improved sanitation some 5 to 10 per cent.

12. Maternal and child care practices appear relatively good, but are constrained by limited resources. The duration of breast-feeding in rural areas averages some 17 months, but is shorter (about 9 months) in towns. Little is known about child-feeding practices. Efficient resource use is prejudiced by labour shortages, with heavy workloads affecting women's health and reducing the time available for child care. Child-care practices are also affected by alcohol abuse, domestic violence and inadequate access to information.

13. The Namibian workforce is seriously underskilled, and open unemployment levels of over 30 per cent coexist with skill shortages. Jobs are concentrated in a few towns, and only one third are held by women. Public sector resources, although benefiting from reduced military spending, are constrained by a relatively large and inappropriately trained civil service, an uncertain revenue base and substantial debt incurred in the colonial period.

14. Namibian families have been addressing the effects of poverty through churches and other community-level organizations. Such experience, and that gained in exile, provide an important basis for participatory development, as do parts of the inherited communications system, including the local radio services.

15. The newly elected Government has already demonstrated strong commitments to poverty alleviation, disparity reduction and the special needs of children. It has issued a national policy on children, ratified the Convention on the Rights of the Child, adopted the universal child immunization (UCI) declaration and launched initiatives for street children, drought relief, malaria and the control of acquired immune deficiency syndrome (AIDS). The restructuring of systems, policy development and the launching of practical initiatives are proceeding simultaneously. An initial framework for development planning has been established in the National Planning Commission. The Department of Women's Affairs has begun to represent women's interests in policy-making. Following the participation of the President of Namibia at the World Summit for Children, a detailed national programme of

action for children in the 1990s was formulated. Elections in 1992 for local government bodies will increase the scope for community participation in development. The historical combination of independence and a Government with a strong commitment to welfare improvement provide a unique opportunity for advancing towards the goals for children for the 1990s.

PROGRAMME COOPERATION, 1989-1991

16. Initial cooperation during 1989-1991 laid the foundation for medium-term programme development through a combination of information collection and analysis, support to the restructuring of services, policy formulation and programme design and implementation in key sectors. During the period of transition to independence (April 1989-March 1990), UNICEF concentrated on support for the repatriation and rehabilitation of former exiles, as well as wider relief assistance. Meanwhile, analytical studies, surveys, advocacy and pilot activities were also implemented, allowing a rapid widening of programme areas after independence.

17. During 1989, assistance was provided to the repatriation programme of the Council of Churches of Namibia in collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP). This included support to PHC services at reception centres, the provision of relief items and logistics support. Later, a rehabilitation programme was designed with the Council of Churches of Namibia for the reintegration of 44,000 exiles into their communities. Within this framework, UNICEF and the Food and Agriculture Organization of the United Nations (FAO) provided agricultural inputs to returnees and drought-affected families, while UNICEF, with the collaboration of the United Nations Educational, Scientific and Cultural Organization (UNESCO), supported schooling for 3,000 returnee children. Churches were assisted in providing PHC services, including immunization, and an integrated area-based programme was initiated with the Council of Churches of Namibia.

18. After independence, programme cooperation expanded to cover PHC, nutrition, basic education, literacy, household food security and women in development. The new national expanded programme on immunization (EPI) was extensively supported, including the in-service training of health workers. This was extended to the control of diarrhoeal diseases (CDD) and ARI programmes and to a national community-based health care programme. Technical assistance was provided for health sector restructuring and for establishing national programmes in literacy, nutrition, health education, health information, PHC and the training of community health workers (CHWs). Technical support to education reform covered curriculum development, the reorganization of teacher training and improved school management.

19. Activities for the improvement of household food security and access of women to income were initiated with the Government and non-governmental organizations (NGOs). New rural development extension cadres were trained, with a focus on gender analysis, project management and community

participation. The integrated area-based programme continued in the north-west, with strong local mobilization and interventions in water supply, sanitation, food production and CHW training. UNICEF advocacy led to the launching by Namibian women leaders of the Child Survival, Protection and Development Foundation, the mobilization of popular support for the World Summit for Children and the accession of Namibia to the Convention on the Rights of the Child. The Department of Women's Affairs was assisted in policy development and staff training. A survey of incomes, health and nutrition, which has been widely used by the Government and donors, was completed in two regions. Surveys on child-care practices, street children and women's workload were supported. Emergency support was continued to displaced and drought-affected people.

Lessons learned

20. Initial programme cooperation has shown that high levels of social mobilization can be achieved in support of major goals for children, in both the public and the private sectors. The Council of Churches of Namibia has been an effective partner in community development both prior to and after independence. The integrated area-based programme has shown the importance of empowering communities to assume organizational responsibilities for development. The new EPI has provided a spearhead for the extension of delivery systems upon which further programmes are being built. Government focus on social priorities, shown by high budget allocations to education and health, provides a favourable context for child-focused programme cooperation.

21. Serious constraints, including the inherited fragmentation of planning and delivery systems and a lack of experience with participatory approaches, still need to be overcome if these potentials are to be fully realized. The translation of new policies into effective programmes will require a sustained process of consultation, training, material design and staff reorientation. A national workshop on community-based health care demonstrated the centrality of this approach for consensus-building. Programme design and monitoring are complicated by a lack of social sector and household data, while implementation faces limited capacity at all levels. A strong focus is needed on the establishment and development of institutional and information systems, assisted, where necessary, by well selected specific external technical inputs.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $ 5 million
Supplementary funding: $24,031,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care	1 680	6 946	8 626
Household food security	410	2 102	2 512
Non-formal and basic education	790	3 810	4 600
Family life empowerment	410	2 260	2 670
Integrated area-based programme	720	3 913	4 633
Rural water supply	-	5 000	5 000
Capacity-building for child survival, protection and development planning	990	-	990
Total	5 000	24 031	29 031

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

22. A highly participatory process of programme development (situation analysis, strategy formulation and detailed programme preparation) took place from late 1990 throughout 1991 involving the Government, the university, NGOs, United Nations partners and UNICEF. A series of programming workshops achieved strong consensus on the major problems facing children and women and on the viable response options. Analytical studies and evaluations were undertaken as a basis for the situation analysis and for programming, covering EPI, CDD, nutrition, household food security, literacy, non-formal and basic education, rural water supply and street children, as well as health, nutrition and EPI coverage surveys. The preparation of the 1992-1996 country programme of cooperation, led by the National Planning Commission, has linked

progressively with the formulation of the national programme of action as a follow-up to the World Summit for Children.

Programme goals, objectives and strategy

23. The country programme is placed clearly within the framework of wider national efforts to move towards the goals for children in the 1990s and will emphasize many of the most urgent goals for Namibia. The scope and objectives of the programme take into account likely resources available from national and other sources, as well as overall national priorities, prospective UNICEF resources and the nature of the global UNICEF mandate.

24. The major programme goals for 1992-1996 are (a) the reduction of infant and under-five mortality rates by at least 15 per cent; (b) the reduction of the maternal mortality rate by at least 25 per cent; (c) the reduction of severe and moderate malnutrition among children under five years old by at least 25 per cent; (d) the reduction of the adult illiteracy rate by at least 25 per cent, with an emphasis on increasing female literacy; and (e) the empowerment of all Namibians for more effective organization of their individual and family lives and for participation in community life. Particular attention will be given to those regions and communities where health, nutrition and literacy status, as well as access to information, are especially poor.

25. A number of detailed supporting and sectoral objectives have also been adopted for the country programme, covering many of those endorsed by Namibia at the World Summit, which will be pursued through specific programmes. Meanwhile, the country programme, through the achievement of its major goals, will contribute to the reduction of poverty and disparities in access to basic service and resources.

26. The programme strategy emerges from the particular country context and addresses its implications. It responds to the needs for increasing service access and economic opportunities for the poor, including women; the building of national and local institutions and their planning and delivery capacities; the empowering of communities, families and women; the enhancement of knowledge and data on children and women; and disparity reduction. Emphasis will be placed on the promotion of integrated approaches involving cooperation among the Government, community groups and NGOs. The strategy foresees a need for flexibility in programming, allowing for revisions as new data become available and national policies develop. It recognizes that major problems such as the inadequacy of the education system and water development under semi-arid conditions will require ongoing analysis and discussion, as well as wider support.

27. The programme will address immediate causes of child and maternal deaths, malnutrition and ill-health through interventions for disease reduction and control, while also aiming to relieve the underlying causes in the areas of household food security, access to water supplies and PHC services, and knowledge for improved child care. At fundamental levels, programme

components in the area of basic education will be complemented by measures to empower families and communities to organize for child care, the protection of children and women in especially difficult circumstances and greater participation. National institutions will be supported in multisectoral planning for children and women and for monitoring of progress towards the World Summit goals. Participatory development in disadvantaged areas will be promoted through area-based projects. The convergence of interventions will be promoted initially in eight community-based health care pilot project districts, and later more widely.

Primary health care

28. The PHC programme aims to reduce morbidity and mortality among children and women significantly by 1996. Its major objectives are (a) achieving UCI by 1993 and increasing coverage for all antigens to 90 per cent by 1996 and to 95 per cent for polio; (b) immunizing 95 per cent of pregnant women twice with tetanus toxoid; (c) increasing access to promotive, preventive and curative measures against diarrhoeal diseases and ARI in children under five years old, including health education, thus reducing mortality from these causes by 25 and 15 per cent, respectively; (d) virtually eliminating neonatal tetanus and significantly reducing the incidence of polio and measles by 1996; (e) reducing moderate and severe malnutrition; (f) increasing access of women to effective maternal health services (to at least 75 per cent) and to information on health problems, including AIDS; (g) establishing effective nutrition surveillance, health information and health management systems and their use at all appropriate levels; and (h) empowering all communities with knowledge, skills and values for health status self-improvement.

29. National programmes for EPI, CDD and the control of ARI will be supported. Initiatives for safe motherhood and nutrition improvement, including clinic- and community-based growth-monitoring and promotion, will be supported initially in eight pilot project districts, with gradual expansion. Micronutrient deficiencies will be studied and support will be given to appropriate interventions. Impregnated bednets will be introduced under the national malaria control project and the integrated area-based programmes. Intensive mobilization activities will be undertaken in eight pilot project districts, covering some 300,000 people, to achieve empowerment for participation in health-promoting activities. CHWs and traditional birth attendants (TBAs) will be trained and deployed, with community support, in these areas. Community-based health care activities will be initiated in at least one half of the remaining 26 health districts by 1996. The community-based health care programme will provide in-service training and reorientation for 4,000 health workers.

Household food security

30. The household food security programme will support the goal of increasing secure family access to basic foods by improving the access of women to income, thereby assisting in the reduction of child malnutrition, particularly in female-headed households. It will focus on the increased economic and

technical empowerment of women and improvement of their ability to manage domestic and natural resources. Skills training, information, increased access to low-cost technology, working capital and advice will be provided to rural producers and selected small enterprises managed by women. Government and NGO extension workers and community groups will be trained in the analysis of household food security problems and response options in areas including food-processing, fuel-efficient technologies and home economics. Research will be supported with community involvement to provide the basis for the design and production of extension materials and for technology-testing. National capacity for monitoring and analysing household food security will be strengthened, with a focus on the indicators of household food access.

Rural water supply

31. This programme will support the strengthening of national capacity to plan, design, implement and monitor the provision of water supply and environmental sanitation systems through the training and equipping of staff at the national and regional levels. The focus in capacity-building will be on the Rural Water Unit of the Department of Rural Development and on enhancing the technical resources of the Department of Water Affairs. Support will be provided for the development of community management and protection systems for water-points and for the design and dissemination of environmental sanitation and hygiene information as part of water supply programmes. This component will be closely linked with health education and CDD activities. The construction and repair of water points will be supported in the north-west, north-east and southern regions, including shallow wells, rainwater catchment and borehole systems. The rural water supply programme will aim to increase access to safe water in rural areas to over 45 per cent by 1996.

Non-formal and basic education

32. The non-formal and basic education programme will respond to the problems of widespread adult illiteracy, particularly among women, weak management systems for primary education, and high drop-out rates in the first four years of primary schooling. The national literacy programme will be supported, with an emphasis on women learners and highly disadvantaged regions, and its content will be integrated with other programme thrusts in PHC, the provision of life skills, household food security and safe water supply and sanitation. Some 150,000 adults will achieve functional and sustained literacy by 1996 through the national literacy programme.

33. Support will be provided to improve the efficiency and quality of primary education, particularly for the 225,000 children in the first four grades. This will include setting minimum standards for learning achievement, improved curricula and teaching methods, more promotive use of student assessment systems and the provision of complementary materials for teaching and out-of-school reading. The technical development of a national education management information system will also be supported.

Family life empowerment

34. This programme will respond directly to the problems of weakened family structures that have emerged from Namibia's colonial and apartheid experience and that undermine child survival, protection and development. It will focus on the empowering of families, as the basic unit of society, and of disadvantaged communities through mobilization activities. It will address psycho-social problems such as social isolation, alcohol abuse and domestic violence affecting women and children.

35. The family life empowerment programme will promote healthy lifestyles through the integration of PHC, including STD/HIV prevention, within family and community life. It will provide technical and social mobilization support to households and community groups for improved young child care, protection and education, thereby contributing to young child growth, the lessening of child-care burdens and facilitating women's involvement in literacy and skills acquisition. Training will be provided to child caregivers and community leaders for early childhood development. Support will also be provided to children and women in especially difficult circumstances through both life skills and confidence promotion and prevention and rehabilitation initiatives, including those for street children. Access to public information and education will be expanded through targeting and increasing the child survival, protection and development content of formal media services and the development of non-conventional communication channels for Facts for Life in several languages. This programme will be implemented in an intersectoral manner, with strong participation of national NGOs, communities and religious bodies.

Integrated area-based programme

36. This programme will involve a major thrust for disparity reduction through a direct focus on highly deprived communities and groups. The programme will steadily expand to cover a total of four rural districts and two peri-urban or low-income urban areas by 1996, benefiting some 190,000 people. A strong focus will be maintained on community empowerment, through local participation in all aspects of the development process and involving assessment, analysis and action by communities themselves. The programme will promote the achievement of all major child-related goals in its coverage areas through support to the local intensification of national programmes, including PHC, household food security, non-formal and basic education and rural water supply. This will involve close liaison with sectoral ministries, extension workers and local NGOs, as well as community mobilization. The programme will also assist the testing of innovative activities and technologies for basic services and economic development and monitor them for possible wider replication. Support will be provided to new local government bodies, including training in participatory planning.

Capacity-building for child survival, protection and development planning

37. This programme will provide training and advisory and research support for intersectoral policy formulation and planning in key areas for children and women at the national and, from 1993, regional levels. It will assist the national programme of action, the Department of Women's Affairs and the proposed regional planning bodies in the design of medium-term strategies and multisectoral initiatives for the achievement of major development objectives for children and women, including poverty reduction and human resource development. Support will be given to the University of Namibia for policy-oriented research on children and women, including updating the situation analysis. The programme will also assist the Government in coordinating the implementation of the national programme of action and in operating a database for monitoring progress towards the decade goals.

Advocacy and external relations

38. Advocacy and external relations activities will incorporate the continuation of national-level advocacy and technical support for the development of national policies that have a potentially significant positive impact on children and women such as salt iodization regulation, tax policy on basic foods, improvement of marketing and credit systems, "baby- and mother-friendly" health institutions, child protection legislation, pension provision and strategies for women in development and poverty reduction. Advocacy activities will promote issues related to child survival, protection and development such as basic education. The family life empowerment programme will support national mechanisms for monitoring the Convention on the Rights of the Child and mobilization for child survival, protection and development by Namibian NGOs, including churches and the private sector.

Programme sustainability and cost-effectiveness

39. The programme will strengthen the capacity of institutions and service delivery mechanisms as coverage expands through human resource and systems development. Community participation in the planning, management and maintenance of services and local resources will form the basic principle of implementation and will involve appropriate local contributions of time, labour, funds and materials. The capacity of families to participate will be strengthened through empowerment and mobilization efforts, as well as through the testing and extension of affordable technologies that relieve women's workload and community pressure on natural resources. The integrated area-based programme and the community-based health care project in particular will promote the creation of environmentally sound sustainable development processes within communities.

40. Government capacity to adopt a participatory development approach will depend on both the effective reorientation of existing personnel and the integration of new cadres. This will be strongly supported by the programme, as will the development of participatory and coordinated planning among local government agencies and NGOs as decentralization proceeds. Government ability

to meet the recurrent financial needs of expanded service delivery, including for essential drugs, is expected to be relatively high, but will depend on continued budgetary priority being given to social services. This will be advocated by UNICEF. Approaches for cost-effectiveness in service provision will be tested in remoter areas. The training of CHWs and the formation of water committees will be among the approaches used to promote sustainability.

Country programme management plan

41. A country programme management plan has been developed to assist in the phasing of implementation with available managerial, technical and financial resources. The country office structure will be adjusted to reflect the management and technical needs of the new programme as assessed by the plan. The plan has taken into account the high reliance on supplementary funding to achieve the country programme objectives and a detailed fund-raising strategy has been designed.

Monitoring and evaluation

42. With UNICEF assistance, a system of regular programme and project progress reporting based on annual project plans will be established by the implementing ministries, coordinated with the National Planning Commission. This monitoring will be performed by sectoral or project committees and will involve regular field visits. The Commission will continue to support the operation of the Government/UNICEF Programme Coordination Committee, which will undertake annual programme reviews based on this reporting and a mid-term review in 1994. A programme of research and evaluation, as well as a child survival, protection and development database, will be developed to support the adaptation of programme priorities and activities within the overall framework of programme objectives and a rapidly changing policy and country context. These adjustments will be based on evaluations and studies undertaken within individual programmes, emerging national information systems and research undertaken with the university. Periodic situation analysis updates will be made as relevant data and analytical knowledge expand.

Coordination with other agencies

43. The design of the programme takes into account the expected support of other United Nations agencies such as the World Health Organization (WHO) (national programmes on AIDS and malaria control); FAO (national early warning system); the United Nations Development Programme (UNDP) and the United Nations Development Fund for Women (the development of technology options and credit systems for women); and the World Bank (poverty alleviation activities). This programme will maintain effective linkages through related activities, including support to AIDS education in schools, the inclusion of malaria control methods in CHW training and the integration of nutrition data in the national early warning system. UNICEF will also work closely with major bilateral donors active in sectors of mutual concern, including the United States Agency for International Development (USAID) and the Swedish International Development Authority (SIDA) in education, and with national and

other NGOs, such as the Council of Churches of Namibia, Rotary International and Oxford Famine Relief Campaign (United Kingdom). Close liaison will be maintained with UNDP and other United Nations agencies in the overall coordination of programmes at the country level, as well as for specific collaborative initiatives such as human resources development and women's advancement, undertaken through the National Planning Commission. Several United Nations agencies are expected to reinforce UNICEF support for the implementation and monitoring of the national programme of action.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Namibia (1990 and earlier years) UNICEF country classification

Under-five mortality rate	168	(1990)	Very high U5MR
Infant mortality rate	102	(1990)	Very high IMR
GNP per capita	$ 1030	(1989)	Lower-middle GNP
Total population	1781.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	10	57	66	76
Infant deaths (under 1)	(thousands)	1	7	7	8
Under-five deaths	(thousands)	2	12	12	13
Under-five mortality rate (per 1,000 live births)		230	202	185	168
Infant mortality rate (under 1) (per 1,000 live births)		138	121	111	102

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1990)	Moderate & severe	..	29[a]
	Severe	..	6[a]
Babies with low birth weight (%))		..	..
% of primary school children reaching final grade (1980)		..	..

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1989)		../../..	98[b]/ 88[b]/ 73[b]
Prevalence of wasting (%, 1990)		..	9[b]
Prevalence of stunting (%, 1990)		..	30[b]
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		84	83
Food production per capita index (Index 1979-1981=100, 1980/1990)		99	95
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%)			..
Access to health services (% of population)	Total	..	..
	Urban/rural	../..	../..
Access to safe water (% of population)	Total	..	..
	Urban/rural	../..	../..
Access to adequate sanitation (% of population)	Total	..	..
	Urban/rural	../..	../ ..
Births attended by trained personnel (%)		..	..
Maternal mortality rate (per 100,000 live births, 1979/1989)		..	370[b]

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	..	..	85
	DPT	..	..	53
	Polio	..	..	53
	Measles	..	..	41
Pregnant women (%) immunized against	Tetanus	..	..	50

TABLE 1 (continued)

Namibia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	../ ..	../ ..
(%)	Male	../ ..	../ ..
	Female	../ ..	../ ..
Secondary enrolment ratio (gross/net)	Total	../ ..	../ ..
(%)	Male	../ ..	../ ..
	Female	../ ..	../ ..
Adult literacy rate, 15 years & older	Total	..	..
(%)	Male/female	../ ..	../ ..
Radio/television sets			
(per 1,000 population, 1980/1988)		../ ..	125/ 11

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	1016.0	1306.0	1518.0	1781.0	2437.0
Population aged 0-15 years	(Thousands)	..		717.4	853.1	1152.0
Population aged 0-4 years	(Thousands)	..	250.4	278.0	327.1	428.3
Urban population (% of total)		19	23	25	28	34
Life expectancy at birth	Total	47	52	55	58	62
(years)	Male	46	51	54	56	61
	Female	49	54	56	59	64
Total fertility rate		6.1	6.1	6.1	5.9	5.4
Crude birth rate (per 1,000 population)		45	45	44	43	40
Crude death rate (per 1,000 population)		20	15	13	11	9

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%)			
Population annual growth rate	Total	..	3.1
(%, 1965-1980/1980-1989)	Urban	..	5.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%)			
Inflation rate (%, 1965-1980/1980-1989)		..	13
Population in absolute poverty	Urban/rural	../..	.. / ..
(%)			
Household income share	Top 20%/bottom 40%	../ ..	.. / ..
(%)			
Government expenditure	Health/education	../ ..	14*/ 18*
(% of total expenditure, 1980/1990)	Defence	..	5*
Household expenditure	Health/education		../..
(% of total income)			
Official development assistance:	US$ millions	..	44
(1980/1989)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1980/1989)		..	15*

a/ Aged 6-60 months; Northern areas only. b/ Northern areas only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1991

(In thousands of United States dollars)

COUNTRY: NAMIBIA
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $3,375,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	472	928	98	104	134	151	116	285	820	1468	2288
Water supply and sanitation	22	2				6		3	22	11	33
Nutrition	10	14	48	45					58	59	117
Education	6	15	32		33	59	69	36	140	110	250
Women-centred programme		9	7	9		13		30	7	61	68
Advocacy		1	8				59		67	1	68
Emergency	837	1734		34		90	144	622	981	2480	3461
Planning and project support	253	69		140	781		211	110	1245	319	1564
GRAND TOTAL	1600	2772	193	332	948	319	599	1086	3340	4509	7849

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: NAMIBIA Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	336	336	336	336	336	1680
	FSF	284					284
	NSF	1162	1446	1446	1446	1446	6946
Water supply and sanitation	NSF	1000	1000	1000	1000	1000	5000
Household food security	GR	82	82	82	82	82	410
	FSF	188					188
	NSF	270	458	458	458	458	2102
Education	GR	158	158	158	158	158	790
	NSF	762	762	762	762	762	3810
Family life empowerment	GR	82	82	82	82	82	410
	FSF	30					30
	NSF	428	458	458	458	458	2260
Capacity building for CSPD * planning	GR	198	198	198	198	198	990
Integrated area-based programme	GR	144	144	144	144	144	720
	FSF	467					467
	NSF	409	876	876	876	876	3913
TOTAL	GR	1000	1000	1000	1000	1000	5000
	FSF	969					969
	NSF	4031	5000	5000	5000	5000	24031
GRAND TOTAL		6000	6000	6000	6000	6000	30000

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
* CSPD = Child survival, protection and development.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: NAMIBIA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	4	968
Local national Professional and General Service established posts	6	374
Operating costs		678
Total	10	2020
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	2	426
Supplementary funds	2	445
Local national Professional and General Service project posts		
General resources	5	220
Supplementary funds	6	300
Total	15	1391

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.6
14 April 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

South Africa

The Executive Director recommends that the Executive Board approve the country programme of South Africa for the period 1992-1994 in the amount of $5 million from general resources, subject to the availability of funds, and $5 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1990-1992	6
RECOMMENDED PROGRAMME COOPERATION, 1992-1994	8

List of tables

1.	Some selected indicators for health in South Africa	13
2.	Expenditure under previous cooperation period, 1990-1991	14
3.	Planned expenditure, 1992-1994	15
4.	Staffing from budget and programme funds	16

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme of cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

92-16791 3364b (E) 110592 130592

/...

THE SITUATION OF CHILDREN AND WOMEN

1. The delicate process to end apartheid in South Africa and to establish a non-racial democracy has accelerated dramatically in the last few months. This is an enormous undertaking, and the process is itself likely to precipitate further social upheaval and trauma. Still, the developments taking place in South Africa also offer an historic opportunity for drawing up a new, non-racial constitution, and for reorganizing the major socio-economic and administrative structures and systems to effect fundamental changes.

2. The crisis affecting children and women in South Africa is structural and endemic. Racial classification determines all life possibilities in South Africa. A 1989/90 survey carried out by the South African Institute of Race Relations (SAIRR) estimates the total population of South Africa at some 38.2 million people, 29.0 million (or 76 per cent) of whom are Black, 5.0 million of whom are White, 3.2 million of whom are Coloured and approximately 1 million of whom are Asian. At least 15.3 million (or 40.8 per cent of the population) are children and youth under 14 years of age, 12.3 million (80.4 per cent) of whom are Black, 1.4 million of whom are White, 1.2 million of whom are Coloured and approximately 0.4 million of whom are Asian.

3. Although Whites constitute only some 13 per cent of the population, they control 87 per cent of the land. Estimates of absolute poverty by race reflect persisting socio-economic inequities: more than 55 per cent for Blacks, 30 per cent for Coloureds, 15 per cent for Asians and a low percentage for Whites. The poverty situation is much worse in the Bantustans (60 to 80 per cent), where about 55 per cent of the population live. Estimates are lower in large cities (20 to 25 per cent), and range from 40 to 50 per cent in White farming areas, plantations and smaller townships. It is estimated that an annual economic growth rate of some 10 per cent will be necessary if absolute poverty is to be eliminated in South Africa over the next decade, assuming the existence of political will supported by appropriate policies.

4. Access to basic services and administrative, human and economic resources is separate and unequal. Government responsibility for the provision of basic services such as health, education and social welfare is scattered among 18 departments representing the 10 Bantustans, the 4 provinces in "White South Africa" and the 4 separate departments for Whites, Asians, Coloureds and general affairs. This means that today there are 18 departments of health in South Africa, answerable to 14 different ministries of health, with the same pattern being replicated in virtually all of the social sectors. This degree of fragmentation of services is both wasteful and inefficient, indicating the need for a unified public service administration and the integration of services, as well as the reformulation of social and economic policies to ensure equity, affordability, efficiency and effectiveness.

5. Data collection, analysis and access is racially and spatially segregated, making it difficult to obtain an accurate national picture. A

study on the situation of children and women in South Africa is currently being conducted under the auspices of the National Children's Rights Committee (NCRC), an umbrella organization of more than 200 non-racial, non-governmental organizations (NGOs) and service groups. Data from this study, which is funded by UNICEF, should be available by December 1992 and should give a more representative picture of the situation of children and women. In the meantime, various data sources have been used to compile information for the present document.

6. A 1991 survey of health status, health services and health research in South Africa funded by the Kaiser Family Foundation maintains that South Africa suffers from the worst health consequences of industrialization and poverty, characterized by a high incidence of heart disease and cancers, mainly among Whites, and endemic patterns of preventable diseases among the majority Black population, resulting from the lack of such basic public health services as adequate housing and safe water supplies and sanitation, as well as from poverty and social instability. The majority of Black children suffer from vaccine-preventable diseases, especially measles and tuberculosis, diarrhoeal diseases, acute respiratory infections (ARI) and malaria. Acquired immune deficiency syndrome (AIDS) resulting from perinatal transmission from infected mothers to their unborn babies is increasing. The lack of infrastructure and support services to Black townships and the rural areas constitute serious constraints to the improvement of the health and well-being of these population groups. A 1987 study conducted by SAIRR showed significant disparities in infant mortality rates (IMRs) among the races: 80 per 1,000 live births for Blacks; 46 per 1,000 live births for Coloureds; 19 per 1,000 live births for Asians; and 12 per 1,000 live births for Whites. However, official IMR data should be approached with caution, since all data for disadvantaged communities is incomplete, owing to limited access and incomplete registration of births and deaths. There is no reliable data on maternal mortality.

7. Top priorities in health include the need for government commitment to reorientate policy to a primary health care (PHC) system designed to achieve health for all, as well as the need to fund the best mix of private care provision and a subsidized national health system. This can only be achieved by establishing a real partnership between the private and public sectors in national health policy formulation and implementation. The process of planning and designing the envisaged new health system can be facilitated by urgently embarking on relevant health systems research: (a) to provide vital information on effective ways of integrating the different levels of health services; (b) to train, reorient and redeploy health personnel; (c) to facilitate optimum utilization of existing health facilities; (d) to investigate the areas of health financing and cost sharing; and (d) to improve health systems management. More effective linkages and collaboration among decision makers, researchers and community representatives must also be established if these efforts are to succeed.

8. The lack of household food security is a serious underlying threat to child survival and development in South Africa. The major channel for

ensuring access to food for the majority of the population is through the purchase of food commodities. The food price index has been particularly hard hit by the introduction of value added tax, with a reported annual rate of increase of 25.7 per cent in 1991. This means that the 55 per cent of Black households affected by absolute poverty suffer from serious food insecurity, with the situation being much worse in the homelands, where up to 80 per cent of the Black population are afflicted by absolute poverty. In 1990, the Department of National Health and Population Development reported that at least 2.3 million South Africans were in need of nutritional assistance. As many as 40 per cent of Black children were estimated to suffer from different degrees of malnutrition. This number is growing steadily, owing to the failure of the 1991 crop season as a result of the severe drought affecting southern Africa and the escalation of violence in Natal and Transvaal regions in early 1992, which has resulted in an increase in displaced Black communities, thus rendering thousands of households homeless and desolate.

9. Forced relocation, migrant labour and the system of single-sex hostels has resulted in the dislocation of family and community life, overcrowding and lack of economic opportunity for the majority of Black South Africans over the years. This situation has, in turn, seriously compromised the quality of care given to children and women, resulting in violence within and outside the home, crime, alcohol and drug abuse, physical and sexual abuse, child abuse, psychological trauma and orphaned and abandoned children. By early 1991, the number of street children in South Africa was estimated at 10,000 and growing rapidly.

10. The destruction of family and community life has imposed an extra burden on women, who have had to take primary responsibility for child-rearing, along with feeding, clothing and even housing their families. The fulfilment of productive, reproductive and community management roles by women has been made more difficult by existing racial, gender and economic discrimination. In rural areas, women's access to jobs and arable land is limited, as is their access to water. Where arable land exists, women have little access to productive inputs, technological skills or extension, financial and marketing services. Once in the labour market, women in general, and Black women in particular, are the lowest paid. Some 2 million Black women are employed as domestic workers, an occupation characterized by low wages, long hours, separation from spouses and family and sexual harassment. The inability to generate cash also results in limited access to food and other basic needs. Households headed by women experience periods of severe food shortages and consequent malnutrition. Women working in factories are better paid, but also experience sexual harassment, lack maternity benefits and experience unfair hiring and firing practices.

11. As with other services in South Africa, access to education is separate and unequal. Public expenditure on the education of White children is five times that for Black children. The average teacher/pupil ratio is 1:40 in Black schools, compared with 1:17 in White schools. The curriculum for the education of Blacks is inferior to that for Whites, Asians and Coloureds. Latest statistics from the Department of Education and Training, which

supervises the education of Blacks, show an examination pass rate of 40.9 per cent in 1989, 36.4 per cent in 1990 and 39.2 per cent in 1991. By contrast, 97 per cent of White high school students passed their examinations in 1991. Literacy is estimated at 97 per cent for Whites, 80 per cent for Asians, 68 per cent for Coloureds and 45 per cent for Blacks. There is a high drop-out rate among Black pupils, recorded in the mid-1980s at 50 per cent between the first year of primary schooling and the first year of secondary education, compared with a drop-out rate of less than 1 per cent for White children. A non-racial and democratic South Africa will need to reformulate education policy to ensure universal access to basic education; unify and restructure the administrative system to ensure equality, efficiency, effectiveness and affordability at all levels of education; and review curricula to improve the relevance and quality of education and, more importantly, to introduce the culture of learning. Particular emphasis needs to be given to early childhood care and education.

12. At the household level, the inability of many Black households to afford sufficient food of good quality is underpinned by their lack of access to economic, administrative and human resources. The recent repeal of the Land Act is an important step in the right direction. However, it is unlikely to significantly reduce existing disparities in land available to Blacks and Whites, considering that as much as 87 per cent of the land is already in the hands of Whites. Most of the land being offered for purchase in the remaining 13 per cent of South African territory is in the Bantustans and is already occupied by Blacks. Those few Blacks with access to arable land will need equitable access to the agricultural service structures (extension services and finance, marketing and other assistance programmes) before they can reap the benefits of this resource potential. Earning potential for Blacks through labour exchange is severely limited. Africa Confidential (vol. 32, No. 23, 1991) estimates total unemployment rates of up to 40 per cent among the economically active population. Between 1985 and 1990, only about 8.4 per cent of all labour market entrants found work in the formal sector. The chronic lack of marketable skills within the Black community is closely linked to the apartheid education system. An aggressive affirmative action programme is imperative if this structural imbalance is to be rectified.

13. Overall, national resource availability is neither as healthy nor as flexible as is often perceived. The South African economy has been characterized by serious economic decline, dependence on foreign investment, the escalation of unemployment for the last three decades, excessive inflation and lack of investor confidence. National income per capita fell at the rate of 3 per cent in 1989, 4 per cent in 1990 and 2.5 per cent in 1991. Government statistical services report an inflation rate of 16.8 per cent in 1991, the highest in the last four years. Private savings have fallen to an historic low of about 3 per cent in 1991, compared with 11 per cent in 1975. Real, fixed investment as a proportion of the gross national product has fallen from an average of 27 per cent in the 1970s, to 24 per cent in the early 1980s, to 19 per cent in the last five years. Observers predict that after apartheid, South Africa will be characterized by massive human deprivation, and highlight access to employment, productivity, basic services,

family and civil society and normal life expectancy as operationally central issues. Creative strategies for internal and external resource mobilization from both budgetary and private sector channels will, therefore, have to be found if the growing expectations for socio-economic improvement and the creation of a climate for renewed growth are to be fulfilled.

14. Important progress was achieved as major laws institutionalizing apartheid were removed from the statute books during 1991. However, many other laws that perpetuate existing inequalities, such as those pertaining to education, remain. Concerns that the inequalities and dispossession ensuing from these laws will continue to characterize South African society for years to come have been strengthened by the authorities' reluctance to adopt a comprehensive national programme of redress of the socio-economic problems affecting the majority of South Africans (A/46/22-S/23224, para. 29, dated 29 November 1991). While the current historic process of negotiation for political reform and resource redistribution is taking place, the challenge is to establish national priorities that balance available resources with the enormous development backlog. Of critical importance is the need to ensure that this process includes priorities, strategic policies and practical actions that specifically address the special needs of and concerns for the survival, protection and development of children, women and the poorest communities.

PROGRAMME COOPERATION, 1990-1992

15. UNICEF assistance to South African children and women dates back to 1974 in response to and in accordance with the relevant resolutions passed by the General Assembly for organizations of the United Nations to provide assistance to national liberation movements and to the people of South Africa suffering under the apartheid system. Over the years, this assistance has been reinforced through advocacy and the mobilization of donor support, both directly and through publications such as Children on the Frontline.

16. During the late 1980s, Governments and the international community increasingly called attention to the worsening conditions of children and women inside South Africa as a result of the escalation of violence, as well as the deterioration of the delivery of basic services for the majority of the Black population. In response, UNICEF arranged briefing sessions and external study tours for several non-racial NGOs. This was followed by a conference of a broader spectrum of South African NGOs held at Gaberone, Botswana, early in 1990, with UNICEF assistance. These NGOs formed an umbrella organization, NCRC, to facilitate the establishment of a coordinated plan of action for alleviating the plight of South African children and women, and to oversee the implementation of such a programme, as well as to be responsible for resource mobilization for the implementation of planned activities, including the coordination of external donor support. It was on the basis of this conference that the 1990-1992 UNICEF programme of cooperation (E/ICEF/1990/P/L.42) was recommended and approved by the Executive Board, with the following main components: a situation analysis to help determine the

priority needs of children and women in South Africa; a children's rights social mobilization project to assist anti-apartheid NGOs to improve the effectiveness of their efforts and activities within the general framework of the 1989 Convention on the Rights of the Child; and direct support to victims of apartheid.

17. Research activities are well under way and the final report on the situation of children and women in South Africa will be published and formally launched by December 1992. The children's rights social mobilization project is an ongoing exercise. UNICEF has supported two initiatives during the period under review: the facilitation of the planning and implementation of a more systematic approach to the children's rights campaign; and the translation into four major local languages and dissemination of the Convention on the Rights of the Child and Facts for Life. UNICEF experience in working with the NGOs has underscored the difficulties of overcoming the acute fragmentation (economic, administrative and human resource deficiencies, as well as infrastructural weaknesses) inherent among the deprived, non-White communities and non-racial NGOs for whom UNICEF assistance is targeted. Thus, the first two years of the 1990-1992 programme of cooperation have largely focused on (a) facilitating and promoting dialogue and consensus-building among NCRC constituents; (b) assisting in the development of NCRC administrative capacity to implement programmes; and (c) training to improve NCRC project planning and implementation skills. Skills training and capacity-building at all levels remain key prerequisites if project assistance to disadvantaged groups is to reach intended beneficiaries.

18. On 13 December 1991, the United Nations General Assembly passed a consensus resolution on South Africa (46/79 A), in which it appealed to the international community to give its full and concerted support to the vulnerable and critical process now under way in South Africa through a phased application of appropriate pressure to the South African authorities, as warranted by developments, and to provide assistance to the opponents of apartheid and the disadvantaged sectors of society in order to ensure the rapid and peaceful attainment of the objectives of the Declaration on Apartheid and its Destructive Consequences in Southern Africa. In the resolution, the Assembly stipulates that once there is an interim government mechanism in place in South Africa, international organizations should be in a position to establish a physical presence inside the country in order to facilitate programme development and implementation. Meanwhile, activities to benefit the victims of violence, displacement and drought would need to be stepped up as part of a United Nations humanitarian response to the most urgent needs of the South African poor. With these factors in view, the Executive Director hereby recommends that the Executive Board take the following steps to strengthen UNICEF capacity and ability to address the situation of children and women in South Africa:

(a) Approve the establishment of a country office in South Africa as soon as circumstances permit, possibly within the second half of 1992. This will enable UNICEF to respond in a timely and effective manner to the rapidly changing situation in South Africa and to provide much needed assistance to children and women inside the country in a more systematic way;

RECOMMENDED PROGRAMME COOPERATION, 1992-1994

Recommended general resources: $5,000,000
Supplementary funding: $5,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care	1 000	1 500	2 500
Nutrition	500	-	500
Education	500	1 000	1 500
Children in especially difficult circumstances	250	1 500	1 750
Advocacy, planning and social statistics	1 500	-	1 500
Programme support	1 250	-	1 250
Integrated area-based programme	-	1 000	1 000
Total	5 000	5 000	10 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

(b) Approve the allocation of $5 million from general resources for the period 1992-1994 to support the activities outlined below, and an additional $5 million in supplementary funds, subject to the availability of specific-purpose contributions.

Goals and objectives

19. UNICEF assistance is geared towards making a catalytic contribution to the historic process taking place in South Africa, with particular attention to the need to respond to the "first call for children" within the broader national framework of priorities. The major programme objectives will be to contribute to: (a) the rehabilitation of the livelihoods of children in

difficult circumstances, especially returnees and internally displaced victims of apartheid, and the protection of their rights; (b) the ongoing process of assessing the situation of children and women and the use of data thus generated to facilitate improved public policy formulation and implementation; (c) the promotion of legislation and public policies that guarantee the rights of children and women; and (d) the critical process of capacity-building and human resource development to include data collection and analysis to improve planning and implementation, as well as the establishment and strengthening of a continuous system of monitoring of social indicators on children, youth and women.

Relief and rehabilitation of livelihoods

20. This programme will primarily involve meeting the short-term emergency and survival needs of the most seriously affected children and women through the provision of material and technical assistance to support the planning and implementation of life-saving programme interventions such as the control of diarrhoeal and other preventable diseases and nutrition rehabilitation and surveillance. Programme interventions will include the rehabilitation of livelihoods for returnees and internally displaced persons, as well as the most seriously affected communities, requiring the acquisition of data on the informal sector, the identification of existing and potential channels for increased access to productive resources and the identification of feasible mechanisms for ensuring access to small start-up grants and credit.

21. In addition to the above measures, urgent preventive action and protection services will be extended to children in difficult circumstances and displaced poor communities, including the extension of basic health and nutrition care, as well as skills training for self employment, counselling and other assistance intended to facilitate the restoration and stabilization of family life. While attention will focus on the poorest communities, technical and material assistance will be provided to initiate the country-wide implementation of urgent preventive and promotive health care services, namely, the prevention of the six vaccine-preventable diseases through accelerated child immunization, the control and prevention of diarrhoeal diseases through oral rehydration therapy and improved sanitation, the control and prevention of ARI and malaria, as well as AIDS prevention and nutrition rehabilitation.

Child survival, protection and development

22. This programme will assist in the area of capacity-building for the formulation of goals and objectives for children and women in South Africa for the 1990s; the formulation of strategies for reaching these goals and objectives; and the establishment of a national programme of action towards meeting the defined goals and objectives. Information systems will be strengthened to facilitate the continuous process of assessment, analysis and action (the "triple A" approach). In order to contribute to the formulation of appropriate strategies for children and women and to reduce the fragmentation that characterizes both government and NGO structures, resulting

in the fundamental lack of coordination between various services, research and resource organizations for children, UNICEF assistance will give priority attention to facilitating intersectoral and inter-agency consensus-building on an appropriate set of broad, attainable objectives and goals for improving the status and well-being of children and women. The ongoing situation analysis exercise is seen as an important step in this direction. Assistance is envisaged at two levels: (a) technical assistance to support the reformulation and rationalization of relevant sectoral policies and programmes, including the identification of strategies for evolving unified service delivery systems, particularly in the areas of health, food and nutrition, water supply and sanitation, education and social service delivery; and (b) technical assistance to support the design of sectoral strategies for addressing the special needs of children and women in the 1990s, the formulation of goals and objectives for meeting these strategies, and identification of resource mobilization and implementation strategies, as well as mechanisms for monitoring progress made in this regard.

23. Health systems and operational research are seen as crucial in establishing priorities for restructuring health services and resource application. UNICEF assistance will, therefore, be extended to the establishment and implementation of a national essential health research agenda, emphasizing community and environmental health and the eradication of communicable childhood diseases, the overall improvement of children's and women's health, appropriate mechanisms for community financing of health services, the formulation of a rational drug policy and the adoption of an essential drugs list. Particular attention will be given to the identification of training needs to meet emerging priorities.

24. Pursuant to its commitment to assisting countries to reach the global goal of education for all by the year 2000, UNICEF will assist efforts aimed at attaining the unification, restructuring and development of a coherent and more effective basic education policy; developing new and more relevant curricula; formulating strategies to increase access to education; improving teacher reorientation and training; and developing and producing appropriate learning and teaching materials. Special attention will be given to underserved communities, i.e., children and parents in the Bantustans and poorest townships. Education for national reconciliation will constitute a major theme for both formal and non-formal education, with a special emphasis on the promotion of the culture of learning and peace. Equally important will be assistance to early childhood development programme activities, especially in at-risk communities, in order to improve child-care practices, as well as the health and cognitive development of infants and preschoolers.

Planning and capacity-building for human development

25. UNICEF will contribute to the process of capacity-building for the articulation of coherent strategies for public policy, paying particular attention to the promotion of the "human face" of economic policy, with special concern for human development and for the reflection of this concern in national development strategies, policies and programmes for a new South

Africa. Priority attention will focus on policy-level advocacy and external relations initiatives that will have an impact on the formulation of national policies and programmes, which will place the well-being of children, women and the poorest communities on the priority agenda for action. UNICEF assistance will also be geared towards strengthening decision-making and implementation processes at all levels on the basis of the "triple A" approach, with particular attention to the community level. Training will constitute an important component of human resource development, with a view to improving causal analysis and the conceptual understanding of development problems. Priority attention will be given to efforts to improve the design and implementation of relevant actions. The facilitation of improved efficiency in mobilization will constitute an important strategy in this process.

Operational strategy

26. Particular attention will be paid to capacity-building as an essential component towards sustainable development. At the outset, this will be done by working mainly through non-racial, people's organizations, including service and professional groups and institutions. This strategic approach will take full advantage of South Africa's rich tradition and culture of mass participation and empowerment through civic and service organizations, which has evolved over the many years of struggle. Present UNICEF cooperation with NCRC will be strengthened as an important basis for promoting intersectoral and inter-agency consensus-building on priorities for the improved survival, protection and development of poor children and women. Special efforts will be made to identify and create mechanisms by which community-level NGOs and civic groups can better relate to the Government through formal procedures for consultation. The nature and extent of contact and cooperation with the Government will be guided by relevant United Nations General Assembly resolutions.

Cooperation with other United Nations partners

27. There is a formal mechanism for the coordination of agencies of the United Nations system on the question of South Africa, with the objective of ensuring consistency, improving the coordination and the efficient use of available resources and avoiding duplication of efforts, facilitated by the United Nations Centre against Apartheid. In addition to being actively participating in this forum, UNICEF is working closely with the Office of the United Nations High Commissioner for Refugees (UNHCR) on the repatriation and reintegration of returnees; with the Centre for Human Rights on the rehabilitation and protection of children in difficult circumstances; with the International Labour Organisation (ILO) on the question of child labour and on income-generation opportunities for women; and with the United Nations Educational, Scientific and Cultural Organization (UNESCO) on basic education and human rights. In addition, UNICEF will continue to consult and liaise with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) on areas of mutual cooperation within the PHC framework.

Country progamme management plan

28. A full-fledged country office will be established at the appropriate time, taking into account the special needs and challenges posed by the South African situation. The proposed country office structure and staff profile has taken into consideration the fact that rehabilitation of livelihoods and extension of basic services, advocacy, external relations and capacity-building for planning for human development will constitute the main emphases of UNICEF assistance to children and women in South Africa. A country programme management plan has been developed to reflect the scheduling of activities in accordance with available human, economic and organizational resources.

29. The secretariat will continue to report annually to the Executive Board on these activities as part of the report of the Executive Director.

TABLE 1. SOME SELECTED INDICATORS FOR HEALTH IN SOUTH AFRICA

	AFRICAN	WHITE	COLOURED	ASIAN
Population (millions) a/	29.0	5.0	3.2	1.0
Percentage of population a/	75.5	13.5	8.6	2.6
Total fertility (1988) a/	3.9	1.8	3.0	2.4
IMR (per 1,000 live births) 1988 a/	80.0	11.9	746.3	19.0
Percentage of population under five years of age b/	15.9	7.9	11.9	10.3
Per capita health expenditure 1987 a/ c/	R 95 (US$ 36.50)	R 596 (US$ 229.20)	R 339 (US$ 130.40)	R 356 (US$ 65.80)
Per capita child welfare expenditure 1988 d/	R 22 (US$ 8.50)	R 176 (US$ 67.70)	R 227 (US$ 87.30)	R 171 (US$ 65.80)
Per capita educational expenditure 1988 a/	R 276 (US$ 106.20)	R 3,080 (US$ 1,184.60)	R 1,358 (US$ 522.30)	R 2,226 (US$ 856.15)
Life expectancy 1985 b/	62	71	61	67
Per cent of deaths before one year of age (1987) b/	15.7	1.3	10.8	5.4
Per cent of deaths before five years of age (1987) b/	22.5	2.1	16.3	7.3

R = Rand.
Source: Changing Health in South Africa: Towards New Perspectives in Research (1991), The Henry J. Kaiser Foundation.
a/ SAIRR Survey, 1989/90.
b/ Health Trends in South Africa, Department of National Health and Population Development, 1988.
c/ US$ 1 = R 2.7
d/ SAIRR Survey, 1988/89.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1991

(Thousands of United States dollars)

COUNTRY: SOUTH AFRICA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $3,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Planning and project support	25		264		196		47		532		532
GRAND TOTAL	25		264		196		47		532		532

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1994

(In thousands of United States dollars)

Country: SOUTH AFRICA Period covered: 1992-1994	Funding status	1992	1993	1994	Total
Health	GR		500	500	1000
	NSF	500	500	500	1500
Nutrition	GR		250	250	500
Education	GR		250	250	500
	NSF		500	500	1000
Children in especially difficult circumstances	GR	250			250
	NSF	500	500	500	1500
Advocacy, planning and social statistics	GR	500	500	500	1500
Programme support	GR	250	500	500	1250
Integrated area-based programme	NSF		500	500	1000
TOTAL	GR	1000	2000	2000	5000
	NSF	1000	2000	2000	5000
GRAND TOTAL		2000	4000	4000	10000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SOUTH AFRICA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts		
Local national Professional and General Service established posts		
Operating costs		
Total		
FINANCED 1992 FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	4	345
Supplementary funds		
Local national Professional and General Service project posts	6	95
General resources		
Supplementary funds		
Operating costs		300
Total	10	740

a/ Staff and operating costs for 1993 will be included in the revised 1992-1993 biennium budget.